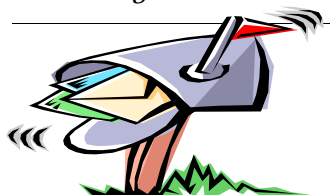


ENCOUNTER KEYS

July-August, 2000

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Physician's Advisory Recommends Review Process

The Physician's Advisory, a publication dedicated to helping physician practices become more efficient and profitable, in a March 2000 article recommends that provider offices regularly review coding and billing procedures. An example of a review process is to examine 20 random patient records in four key documentation areas:

1. Check routing slips' evaluation and management (E&M) codes to see whether they're specific and according to CPT/4 and ICD-9 requirements.
2. Review all pre-printed procedure and diagnosis codes on your slips to see if current manuals have deleted or revised any of the codes.
3. Compare routing slip, office notes and billing accounts to make sure codes for each visit match.

4. Pull EOBs for each record, looking for denials or downgrades. Investigate why claims were down-coded, looking for any pattern.

Correcting errors found in this review will increase the accuracy of both coding and billing, which will be reflected in your reimbursement.



"The Essence of pleasure is spontaneity"

Germaine Greer

NATIONAL PHYSICIAN CODING SUMMIT

Physician Practice Coder and Part B News are sponsoring a National Physician Coding **Summit in Las Vegas from October 4-6, 2000**. This summit includes a one-day pre-conference on coding basics followed by two full

days of high-level CPT-4 coding instruction.

For further information call 800-260-1545 or visit the website www.ucg.com/health/conferences/physiciancodingsummit.html.

Dilemmas!

For the months of July and August, pending encounters with the following error code conditions will not be sanctioned.

S385 - Service Units Exceed Maximum Allowed (only the 80000 procedure codes and the Dental codes)

CHANGE IN COVERAGE CODES

The ICD-9 procedure codes listed below had an AHCCCS Coverage Code of 04- NOT COVERED BY AHCCCS/NOT AVAILABLE. These codes have been changed and now have the AHCCCS Coverage Code of 01 COVERED BY AHCCCS/AVAILABLE effective 01/01/1999.

- 37.6 Implantation Of Heart Assist System
- 37.62 Implant Of Other Heart Assist System
- 37.63 Replacement And Repair Of Heart Assist System
- 37.65 Implant Of Pulsatile Heart Assist System
- 37.66 Implant Of Pulsatile Heart Assist System

NEW CODES AND ADDITIONS

The following procedure codes have been added to the AHCCCS system.

90378 Respiratory Syncytial Virus Immune Globulin (RSV-IgIM), for Intramuscular use

90669 Pneumococcal Conjugate Vaccine, Polyvalent, for Intramuscular use (added for children under 5 -- maximum age of 4) (**NOT COVERED/NOT AVAILABLE AS OF 01/01/2000**)

90702 Diphtheria and tetanus toxoids (DT) adsorbed for pediatric use, for intramuscular use (added for individuals younger than 7 -- maximum age of 6)

90718 Tetanus and diphtheria toxoids (Td) adsorbed for adult use, for intramuscular or jet injection (added for individuals 7 years or older -- minimum age of 7)

90723 New: Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IVP), for intramuscular use

90732 New: Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use, Adult

90740 New: Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use

90743 New: Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use

90744 Hepatitis B vaccine, pediatric/adolescent dosage, for intramuscular use

90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, for intramuscular use

ALSO NOTE: The code G0169-Removal of devitalized tissue, without use of anesthesia has been added to the provider profile for physical therapists (provider type 14) and for Nursing Homes (provider type 22). This code is listed under Category of Service 02.



"The real character of a man is found out by his amusements."

Joshua Reynolds

Record layout for New Reference files

Record layout for file ecfld.txt

Internal Field Data

Field	Position	Length	Format
Form Type	1	1	A/N
Internal Field Number	2	3	A/N
Internal Field Name	5	15	A/N
Internal Table Name	20	15	A/N
Internal Field Length	35	3	N
Form Field Name	38	15	A/N
Date Record Added	53	8	A/N
Last Modified Date	61	8	A/N
Last Modified Time	69	8	A/N
Last Modified User	77	3	A/N
Field Type	80	1	A/N

Format: A/N = Alphanumeric, N = Numeric

Record length is 80 bytes

Record layout for file ecerrfld.txt

Error To Field Data

Field	Position	Length	Format
Error Code	1	4	A/N
Internal Field Number	5	3	A/N
Begin Date	8	8	A/N
End Date	16	8	A/N
Encounter CCL Indicator	24	1	A/N
Claim CCL Indicator	25	1	A/N
Form Type	26	1	A/N
Date Record Added	27	8	A/N
Last Modified Date	35	8	A/N
Last Modified Time	43	8	A/N
Last Modified User	51	3	A/N

Format: A/N = Alphanumeric, N = Numeric

Record length is 53 bytes

Record layout for file ecerr.txt

Encounter Edit Codes and Description

Field	Position	Length	Format
Error Number	1	4	A/N
Error Description	5	70	A/N

Format: A/N = Alphanumeric, N = Numeric

Record length is 74 bytes

These reference files will be available on the FTP server on a monthly basis beginning September 2000. **The path name is:** \\ntftap\d\$\ftp\shareinfo\enc\ecfld.txt ecerrfld.txt ecerr.txt



The next
Encounter
quarterly
meeting will be
held on
September 11,
2000 at 2 pm in the
Gold Room, 3rd Floor –
701 East Jefferson,
Phoenix, AZ.

Questions regarding
pending encounters for
the Exact Duplicate
error code will be
discussed. Send your
questions or problems to
David Shelburg at
dlshelburg @ahcccs.
state.az.us

The following TPL Change Form and overview is reprinted from the July 2000 Claims Clues, which is a monthly publication of the AHCCCS Claims Department. This information will be helpful to Plans and Program Contractors. If you have any questions, contact your Technical Assistant.

THIRD PARTY LIABILITY (TPL)

CHANGE FORM

TPL CHANGE FORM OVERVIEW

Background

The eligibility sources are required to collect TPL information at the time of an initial or review interview and transmit this information to AHCCCS. However, this information often changes after the interview. AHCCCS developed a form that enables providers, health plans, and program contractors to report new or changed third party coverage information in an AHCCCS recipient's file.

Impact

Incorrect TPL information in a recipient's file can adversely impact the processing of encounters. For example, assume that a recipient's third party coverage has been terminated, but the information remains in the recipient's file; when the health plan submits an encounter to AHCCCS, the encounter will be pended because of the erroneous information. Conversely, if TPL exists but it is not on the AHCCCS or health plan file, this erroneously increases expenditures by AHCCCS and health plans.

When to Submit the Form

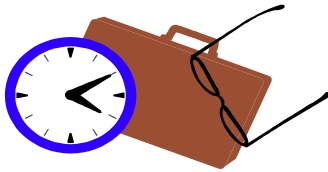
The form should be submitted to AHCCCS whenever it is determined that third party liability information in a recipient's record is incorrect (new TPL to be added or old TPL changed or terminated). Notification to AHCCCS is required within 10 days of the known change.

Resolution

The problem is prevented when TPL data in the AHCCCS system is kept updated based on information received from a provider, health plan, program contractor or eligibility source.

Form

Providers, health plans and program contractors should ensure that all required fields on the form (indicated by an asterisk) are completed. The person completing the form must include his/her name and phone number in case AHCCCS staff in the Division of Member Services (DMS) have any questions about the information on the form. Health Plans and Program Contractors can direct questions to Mary Lee in DMS at (602) 417-4412.



**"Do not plan for ventures before
finishing what's at hand."
Euripides**

AHCCCS THIRD PARTY COVERAGE FORM

INSTRUCTIONS

A MEDICAL INSURANCE FORM SHOULD BE COMPLETED AND RETURNED TO AHCCCS WHENEVER MEDICAL INSURANCE OTHER THAN THE INSURANCE LISTED ON THE ROSTER IS AVAILABLE, OR INSURANCE AHCCCS HAS REPORTED TO THE HEALTH PLAN OR PROGRAM CONTRACTOR HAS TERMINATED, OR INFORMATION CONCERNING THE INSURANCE IS INCORRECT.

CHECK THE BOX INDICATING THE REASON THE FORM IS BEING SUBMITTED TO AHCCCS.

1. Enter the name of the insurance company or Medicare HMO.
2. Enter the insurance company's street address, city, state and zip code.
3. Enter the insurance company's contact person's first and last name, if applicable.
4. Enter the insurance company's 10-digit phone number (including area code).
5. Enter the insured member's policy number.
6. Enter the insured member's group number, if applicable.
7. Enter the policy begin date (month, date and year).
8. Enter the policy end date (month, date and year), if applicable.
9. Check the box indicating the appropriate policy type.
10. Enter the policy holder's first name, middle initial and last name.
11. Enter the policy holder's 10-digit phone number, including area code.
12. Enter the policy holder's 9-digit Social Security Number.
13. Enter the policy holder's employer's name.
14. Enter the policy holder's employer's street address, city, state and zip code.
15. Enter the AHCCCS recipient's first name, middle initial and last name for those covered under the insurance policy.
16. Enter the AHCCCS recipient's 9-digit AHCCCS Identification Number. If not available, the recipient's Social Security Number must be inserted.
17. Enter the AHCCCS recipient's 9-digit Social Security Number.
18. Enter the AHCCCS recipient's Date of Birth (month, day and year).
19. Enter the relationship of policy holder to AHCCCS recipient; i.e., child, absent parent, guarantor, legal guardian, parent, self or other.
20. Enter signature of person completing form.
21. Enter the health plan/program contractor or provider name associated with the person completing the form.
22. Enter the area code and 7-digit phone number where the person completing the form can be reached.
23. Enter the date the form was completed.

AHCCCS THIRD PARTY CHANGE FORM**To: AHCCCS ADMINISTRATION****MFIS, Mail Drop 3600****801 East Jefferson****Phoenix, AZ 85034**

To help us update recipient information insurance data, please complete this form, sign, date and return to MFIS.

INSTRUCTIONS FOR COMPLETION: Please print or type. Fill in as much information as possible in the spaces below. An asterisk (*) indicates that the field is required in order to update AHCCCS files. See reverse side for detailed instructions.

COVERAGE BEING REPORTED:

New Medical Insurance

☐ Information is being **added** (Enter item #s _____)

Medical Insurance Terminated

☐ Information is being **corrected** (Enter item #s _____)**INSURANCE INFORMATION**

1. *Insurance Company Name or HMO Name: _____

2. *Insurance Company Address: _____

3. Insurance Company Contact: _____ 4. Phone #: _____

5. *Policy ID #: _____ 6. Group #: _____

7. *Begin Date: _____ 8. *End Date: _____

9. Policy Type (check one): Group ☐ Individual ☐ Hospital ☐ Medicare ☐ Other ☐

10. *Policyholder's Name: _____

11. Policyholder's Phone #: (_____) _____ 12. *Policyholder's SSN: _____

13. Policyholder's Employer: _____

14. Employer's Address: _____

RECIPIENT INFORMATION

Please use back of form if more space is needed

15. *Name	16. *AHCCCS ID	17. *SSN	18. *DOB	19. Relationship of Policyholder to Recipient

20. *Signature of person completing form: _____

21. *Health plan/program contractor/provider: _____

22. *Telephone #: _____ 23. *Date: _____

